but after some time, the symptoms proving still obstinate, I had recourse to the same plan as that recommended for the treatment of the dysuria senilis by Desault; that is to say, I drew off the urine carefully twice a day for one fortnight. Under this surgical treatment, the retention and stillicidium urinæ ceased. How long the bladder had been left in an over-distended state before I had seen the patient I know not; but I found that although, by the surgical treatment mentioned, the tone of the bladder was restored, still, the continued over-distension of the mucous membrane, and decomposition of the retained urine, had left behind a disease (catarrhus vesicæ) still to be contended with. The urine presented morbid characters, having become muco-purulent, and occasionally was tinged with blood. I, therefore, in addition to the other means already alluded to, ordered the child to take, in large quantities, a weak infusion of buchu. One pint of boiling water was poured upon four scruples of the buchu leaves, and this tea the child took willingly from his nurse for the period of six months; and so freely did the child take this medicine, that he consumed the above-mentioned quantity every twenty-four hours. The little patient, in due time and season, was brought to the country, and was frequently put into salt-water baths; they were at first used hot, and subsequently cold. Without the surgical treatment (consisting in the use of the catheter) nothing could have arrested the disease in this case; but I would strongly recommend the use of the buchu as here adopted, and the long perseverance in it, as this medicine seemed to me to have a most beneficial influence on the catarrh of the bladder, which long remained after the dysuria had been relieved. Ultimately, the recovery was complete; and I am happy to say that the child, now about eight or nine years of age, enjoys perfect health.—*Dublin Med. Press*, March 23, 1853.

61. *Collodion for Erections accompanying Blennorrhagia.* By Dr. Doringer.—In the *Med. Central Zeitung*, there is reported a case of a rather curious application of collodion for gonorrheal erections, and the result was such as we would like to see borne out by other cases: A young man, aged 28, was attacked for the third time with a blennorrhagia, which was accompanied by such severe and painful erections, that the patient could hardly stay in bed for an hour. After having tried without avail both camphor and narcotics, Dr. Doringer ordered cold fomentations, and when the penis had resumed its natural size, the application over its whole extent, even including its prostatic portion, with a strong coating of collodion. This had the desired effect, for from that moment the patient had no erection, and suffered only from a slight scalding in passing urine. What proves that the amelioration was really due to the means employed is, that on the morrow, the collodion being taken off, the erections returned, but not so severely, and again ceased on the application of a fresh coating of collodion.—*Dub. Med. Press*, June 29, 1853.

OPHTHALMOLOGY.

62. *Partial Opacity of the Lens, producing the Symptoms of Short Sight.*—A form of cataract is occasionally met with in which the opacity amounts to no more than a faint haziness, uniformly diffused throughout the lens. An opacity of this kind will escape any but the closest and most practised observation, and the subject of it will probably be regarded as incurably "short-sighted." Glasses afford little, if any assistance in such cases, and the patient, therefore, remains unfitted for most of the ordinary employments of life.

A well-marked instance of this affection has lately been under the care of Mr. Dixon. The case is farther noticeable for the rapidity with which the lenses became absorbed when broken up with the needle, and the excellent sight and healthy appearance of the eyes, after the completion of the cure.

John B., a fine boy of 13, was brought to the hospital in March, 1852, in

consequence of "extreme shortness of sight." He could read small type at a distance of three or four inches, but could not distinguish the features of persons a few feet off. He had tried various kinds of concave glasses without benefit. The eyes looked bright and healthy, the irides were very active, and there were no irregular movements of the globes. On looking attentively at the pupils, Mr. Dixon observed that they had not the deep blackness which might be expected in a lad of thirteen; and yet they could not be termed "gray" or "milky." Atropine was applied, and then, under concentrated light, each lens was seen to be faintly streaked throughout its whole extent with fine lines, except the extreme margin, which retained its transparency. The lad was to be employed in a counting-house, but his limited range of vision rendered the pursuance of such an occupation almost impracticable.

Keratonyxis was performed on the right eye March 12. By the 7th of May absorption of the lens was complete. A central opening was then made in the opaque capsule, to such an extent as to leave the pupil perfectly clear. The contractility of the iris and roundness of the pupil remained unimpaired.

The needle was used to the left eye on the 20th of August, and again about two months later. These two operations procured the entire absorption of the lens. The patient returned to the hospital early in the present year, and then the pupil was cleared of capsule by an operation similar to that which had been performed on the other eye, a mere ring of that membrane being left, which was completely hidden by the iris in the ordinary state of the pupil. With moderately convex glasses the lad is now able to go through the usual routine of a counting-house with perfect ease.—*Med. Times and Gaz.* June 18, 1853.

—

63. *Fluid Cataract—Puncture of Capsule, and immediate removal of the fluid from the anterior chamber.*—Mary Ann R., aged 22, applied at the hospital with cataract in the left eye. No defect of sight had been noticed till she was six or seven years old, at which time her mother observed "a speck" in the left pupil. Of late years this has been getting whiter and more evident. When she was brought to the hospital, in April, 1853, the appearance of the lens was milky, with a faint, bluish cast, and irregularly mottled with chalky-white patches. The iris was very active, and there was good perception of light. The right eye was in all respects healthy. Mr. Dixon expressed a belief, that the lens had undergone that gradual process of disintegration and softening which reduces a cataract to a fluid state. He performed keratonyxis on the 22d of April, and, as soon as the capsule was lacerated, its fluid contents escaped, and rendered the aqueous humour turbid. Mr. Dixon has recently published some remarks on the good effect of immediately evacuating the effused fluid in cases of this kind, as a means of preventing the distressing nausea and vomiting which occur when the fluid is allowed to remain in the anterior chamber.[1] This treatment was pursued in the present instance; a broad cutting-needle having been introduced through the cornea, at the spot whence the cataract-needle had been withdrawn, was rotated, so as to make the wound gape a little, and the whole of the liquefied lens ran out with the aqueous humour. Towards evening, the patient had a slight feeling of sickness, but this lasted for a short time only, and she slept well. In the morning, she had again a little nausea, which soon passed off, and did not return.

On May 20, Mr. Dixon tore up the capsule to such an extent as to leave the pupillary space perfectly free, and excellent vision has resulted.—*Med. Times and Gaz.* June 18, 1853.

—

64. *Cure of Squinting by the Use of Prismatic Spectacles.* By T. Spencer Wells, F. R. C. S.—Dr. Kurke, a Dutch physician, first recommended prismatic spectacles for the cure of squinting. He has recorded one case cured by their use in the Dutch journals. Dr. Von Gräfe, of Berlin, has since employed them very extensively. During a recent visit to Berlin, I had frequent opportunities

[1] The Lancet, Feb. 26, 1853.